
AMAN LAW FIRM

ADVISORS • ATTORNEYS • ADVOCATES

INITIAL CONSULTATION FORM

Date: _____ Referred by: _____

Name: _____

Company (If applicable): _____

Address: _____

Office Phone: _____ Cell Phone: _____

Home Phone: _____ Fax: _____

Email: _____

Reason for Consultation: _____

Have you consulted another attorney regarding this matter? _____

Have you retained counsel on this matter? _____ If yes, name: _____

Your non-refundable consultation fee of \$300.00 covers your initial consultation only.

Fees for our services are based on the actual time spent by the attorney or paralegal working on your case multiplied by each person's respective hourly billing rate. Fractions of hours are computed in periods of not less than one-tenth (0.1) of an hour. Currently, our hourly rates are \$300.00 (senior attorney), \$175.00 (associate), and \$75.00 (paralegal).

By signing this form, I acknowledge receipt of the attached General Provisions Regarding Client Engagements, and agree to pay, in full, for all fees and costs incurred on my behalf by Aman Law Firm.

Client Signature: _____

Title (If applicable): _____